

30-4 912

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | SR | | 4-18-01 |
| O.I.P.E. CLASSIFIER | W | 32 | 5/10 |
| FORMALITY REVIEW | AM | 917 | 06-07-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
= Allowed I Interference
- (Through numeral) Canceled A Appeal
÷ Restricted O Objected

| Claim | Date |
|----------------|------|
| Final Original | |
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| Claim | Date |
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| Claim | Date |
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AVAILABLE COPY

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